Application or Docket Number  $S = \frac{9 - 5}{6}$ 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

_											Ц			
CLAIMS AS FILED - PART I							SMA	LLE	NTITY		OTHER	THAN		
			(Colum	(Column 2)			TYPE		OR	SMALL ENTITY				
TOTAL CLAIMS			9				R	ATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BAS	IC FEI	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			9 minus 20=		.0		X	9=		OR	X\$18=			
INDEPENDENT CLAIMS			2 11	* 0			X	13=	<u> </u>	OR	X86=			
MULTIPLE DEPENDENT CLAIM PI			RESENT				-	45	<del> </del>	1				
* If the difference in column 1 is less than zero, enter "0" in column 2							<u> </u>	45= 	<u> </u>	OR	L	2 7 7		
								ТО	TAL		OR	TOTAL	+ 10	
3	127/06	(Column 1)	MENDED - PART II  (Column 2) (Column 3)					SMALL ENTITY				OTHER THAN OR SMALL ENTITY		
		CLAIMS		HIGH	EST	1				ADDI-	1		ADDI-	
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRES		RA	TE	TIONAL FEE		RATE	TIONAL	
NDW	Total	. 17	Minus	- 2	20	=		X\$	9=		OR	X\$18=		
AMEI	Independent	• 3	Minus	***	3	=		X4	3=		OR	X86=		
L	FIRST PRESE	ENTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			+14	5=		OR	+290=		
		٠,							OTAL		1	TOTAL		
									FEE		OR,	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
		CLAIMS		HIGHE	-					ADDI-	1	. 1	ADDI-	
L 8		REMAINING AFTER	]	NUMB		PRES		RA*	re I	TIONAL		RATE	TIONAL	
<b>Z</b>		AMENDMENT	1	PREVIO PAID F		EXT	HA.	^^	' - ·	FEE		INIE	FEE	
AMENDMENT	Total	*	Minus	**		=		X\$	9=	1 be-lee	OR	X\$18=		
ME	independent	*	Minus	***		=		X4:	3=		OR	X86=		
<u> </u>	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM			<b> </b>			\^\ <b> </b>			
								+14	5=	1	OR	+290=		
								ADDIT.	TAL		OR Z	TOTAL ODIT, FEE		
											•	WUII. FEEL		
- 1		(Column 1)	•	(Colum HIGHE		(Colun	nn 3)			<del></del>	_			
ပ	`	REMAINING		NUMB		PRES	ENT	1		ADDI-			ADDI-	
		AFTER		PREVIO	USLY	EXT		RAT	E [	TIONAL		RATE	TIONAL	
띹		AMENDMENT		PAID F	OR			<u> </u>	—↓	FEE	ļ		FEE	
AMENDMENT	Total	•	Minus	**		= .		X\$ 9	)=		OR	X\$18=		
<b>%</b>	Independent	*	Minus	***		=		X43	_		7.	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	-	——	OR			
	<del></del>			_				+145	i=	Į.	OR	+290=		
	•	nn 1 is less than the		-			~ ~~~ *		TAL		OR .	TOTAL		
** If the "Highest Number Previously Paid F 1" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE														
		ber Previously Paid						ound in th	е аррг	opriate box	in colu	mn 1.		